

MO 580-2880 (12-09) DISTRIBUTION: PROVIDER, DSDS

NURSE PRELIM LOC	PERSON BEING REFERRED (LAST, FIRST, MI)	REFERRAL NUMBER (HCS USE ONLY)	HCS VERIFIED LOC
	REHABILITATION <input type="checkbox"/> 0 (none) <input type="checkbox"/> 3 (1 x wk) <input type="checkbox"/> 6 (2-3 x wk) <input type="checkbox"/> 9 (4 or more x wk) Receives physician-ordered therapy? <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> Audiology	Indicate where services are provided and frequency	
	PERSONAL CARE <input type="checkbox"/> 0 (none) <input type="checkbox"/> 3 (min. assist need, infrequent incont. – 1 x wk or less) <input type="checkbox"/> 6 (moderate assist needed, frequent incont. – 2 to 3 x wk) <input type="checkbox"/> 9 (max. assist needed; continuous incont.) <input type="checkbox"/> Grooming <input type="checkbox"/> Bathing/Equipment <input type="checkbox"/> Toileting	Indicate the amount and degree of human assistance required	
	DIETARY <input type="checkbox"/> 0 (no assist) <input type="checkbox"/> 3 (minimal assist w/ cooking/eating, special diet) <input type="checkbox"/> 6 (mod assist by others) <input type="checkbox"/> 9 (max assist/tube feeding) <input type="checkbox"/> Prescribed Calculated Diet <input type="checkbox"/> Meal Preparation Needed <input type="checkbox"/> Assist w/eating <input type="checkbox"/> Tube Feeding	Indicate type of prescribed diet and amount of assistance needed	
	MOBILITY <input type="checkbox"/> 0 (no human assist) <input type="checkbox"/> 3 (periodic human assist) <input type="checkbox"/> 6 (direct human assist for ambulation) <input type="checkbox"/> 9 (immobile) <input type="checkbox"/> Human Assistance <input type="checkbox"/> Turning/Positioning <input type="checkbox"/> Assistive Device	Indicate type and duration of human assistance needed and any assistive device needed, architectural barriers	
NURSE PRELIM LOC TOTAL	BEHAVIORAL INFORMATION & MENTAL STATUS <input type="checkbox"/> 0 (no assistance needed) <input type="checkbox"/> 3 (periodic human assist) <input type="checkbox"/> 6 (moderate human assist) <input type="checkbox"/> 9 (maximum human assist) <input type="checkbox"/> Wanders <input type="checkbox"/> MI/MR/DD <input type="checkbox"/> Combative <input type="checkbox"/> Withdrawn <input type="checkbox"/> Depression <input type="checkbox"/> Disoriented <input type="checkbox"/> Alert / Oriented <input type="checkbox"/> Thinks clearly <input type="checkbox"/> Dementia <input type="checkbox"/> Lethargic <input type="checkbox"/> Memory deficits <input type="checkbox"/> Suspicious / Paranoid <input type="checkbox"/> Supervised for safety <input type="checkbox"/> Able to make appropriate independent decisions <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Payee	Indicate type and amount of human assistance needed	HCS VERIFIED LOC TOTAL
Needs assistance with the following: (indicate what help is needed and who is currently helping)			
<input type="checkbox"/> Laundry		<input type="checkbox"/> Gather/Take out trash	
<input type="checkbox"/> Vacuum/Dust		<input type="checkbox"/> Shopping Assistance	
<input type="checkbox"/> Clean Bathroom		<input type="checkbox"/> Transportation	
<input type="checkbox"/> Clean Kitchen		<input type="checkbox"/> Assist w/ Handling Money	
<input type="checkbox"/> Make/Change bed		<input type="checkbox"/> Assist w/Telephone	
Safety/Emergency Plan			
<input type="checkbox"/> History of violent behavior		Priority Risk: <input type="checkbox"/> 1 High <input type="checkbox"/> 2 Medium <input type="checkbox"/> 3 Low	
<input type="checkbox"/> Weapons in the home		<input type="checkbox"/> Emergency Back-up Plan:	
<input type="checkbox"/> Vicious dogs			
<input type="checkbox"/> Others available in the home for support			
DIRECTIONS TO LOCATE – COMMENTS:			
NURSE SIGNATURE		DATE	
SUPERVISORY NURSE / PHYSICIAN SIGNATURE		DATE	
HCS WORKER SIGNATURE		DATE	